



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF NARCOTICS AND DANGEROUS DRUGS
APPLICATION FOR A MISSOURI CONTROLLED SUBSTANCES REGISTRATION**

READ INSTRUCTIONS ON REVERSIDE SIDE BEFORE COMPLETING

APPLICANT NAME: _____ **SSN#:** _____

PRACTICE ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS TELEPHONE #: () _____ **DEA #:** _____ **BIRTHDATE:** ____/____/____

1. APPLICATION TYPE: ☐ New Registration ☐ Name Change ☐ Address Change ☐ Ownership Change

2. BUSINESS ACTIVITY: (Check Box) ☐ Practitioner ☐ Pharmacy ☐ Hospital ☐ Emergency Medical Service
☐ Researcher ☐ LTCF ☐ Locum Tenen ☐ Analytical Lab ☐ Distributor ☐ Manufacturer
☐ Teaching Institution ☐ Narcotic Treatment Program ☐ Importer ☐ Exporter ☐ Advance Practice Nurse
☐ Other _____

3. COUNTY OF BUSINESS: _____

4. DRUG SCHEDULES: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. ARE YOU LICENSED TO CONDUCT THIS ACTIVITY IN MISSOURI? ☐ Yes ☐ No ☐ License Pending

☐ MD ☐ DO ☐ DDS ☐ DMD ☐ DVM ☐ DPM ☐ OD ☐ RN

IF YES, PLEASE PROVIDE YOUR LICENSE NUMBER: _____

6a. Has the applicant, any corporate officer or any employee of the applicant who has access to controlled substances, ever pled guilty, nolo contendere, no contest, or been convicted of any violation of any state or federal law relating to controlled substances?

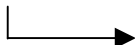
☐ Yes ☐ No

If yes, employer must obtain a waiver before allowing employee access to controlled substances. If yes, is such a waiver on file?

☐ Yes ☐ No, please contact me about obtaining a waiver.

6b. Has any state or federal controlled substances registration or any state professional license or registration held by the applicant, or any application or renewal thereof, ever been denied, surrendered, revoked, suspended, restricted or otherwise placed on probation, or are any such actions pending at this time?

☐ Yes ☐ No **If yes, an explanation and copy of the administrative documents must be on file with this Bureau. Is this information on file?**



☐ Yes ☐ No

7.

Is the appropriate fee enclosed? ☐ Locum Tenens, \$30 for one year

☐ Importer / Exporter / Manufacturer / Distributor
\$200 for 3 years

☐ All other registrations \$90 for 3 years. **If your former registration has expired more than 15 days, an additional \$10 late fee is required.**

☐ Fees are exempt if the applicant is a local, state, or federal official or employee. The practice address must be at a federal, state, or local government entity.

8.

PRINT NAME OF APPLICANT: _____ TITLE : _____

SIGNATURE OF APPLICANT: _____ DATE: _____

WARNING: Submitting an incomplete application delays processing. Submitting false information on an application is grounds for a denial of registration or other administrative disciplinary action. (Section 195.040, RSMo 2000).

PLEASE VERIFY APPLICATION HAS BEEN COMPLETED CORRECTLY AND MAIL IT TO:

Missouri Department of Health and Senior Services
ATTN: Fees Receipt Unit
P.O. Box 570
Jefferson City, MO 65102-0570

SPECIAL INSTRUCTIONS & INFORMATION

1. No controlled substance activities may take place until an application has been processed and a certificate of registration issued.
2. Applications should be typed or printed.
3. Applicants must be registered at their practice address, where controlled substance activities take place and patient care occurs.
A physical location is required and a P.O. Box is not allowed. A separate mailing address may be provided. Locum Tenens must use the same address that is on their professional license. Upon printing certificates, the certificate will contain the registrant's name and then up to 4 lines for the address. The practice location on this BNDD application must match the address on your federal DEA registration.
4. A social security number is required by law. (Senate Bill 361, 89th General Assembly, 1997)
5. Fees are non-refundable.
6. The department must receive the application with an **original ink signature** and not a copy.
7. Advanced practice nurses must include a copy of their collaborative practice agreement. This registration does not authorize advance practice nurses to independently order or prescribe controlled substances.
8. Applications must be signed by the individual practitioner; administrator of a hospital, surgery center or LTCF; medical director for an emergency medical service; pharmacist-in-charge for a pharmacy; or a CEO, president or other corporate officer if the applicant is a corporation.
9. If you are fee exempt because you work for a government entity, you are restricted to only conducting controlled substance activities at that government practice location. If you desire to conduct controlled substance activities at other locations, you must pay the required fee.